

SEP 15 2004

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09/01/2004

MARK J. BUONAIUTO, ESQ.
 Corporate Counsel, Law Department
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Jeffrey C. Nichols (Depositor's name)
 (Signature)
 September 15, 2004 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|----------------------|------------------|
| 10/092,738 | 03/07/2002 | Joseph N. Veillon JR. | SEP-5794 (1417YP671) | 7326 |

TITLE OF INVENTION: LUER TIP CAP HAVING REDUCED REMOVAL FORCE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|------------------------|--------------|----------------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 12/01/2004 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| RODRIGUEZ, CRIS LOIREN | 3763 | 604-187000 | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jeffrey C. Nichols

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Baxter International

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Deerfield, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jeffrey C. Nichols
 Typed or printed name Jeffrey C. Nichols

Date September 15, 2004

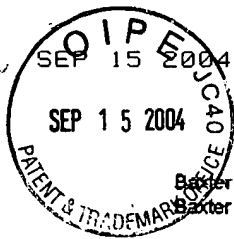
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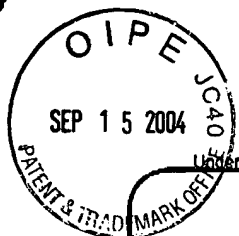
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• **Comments:**

U.S. Serial No. 10/092,738
File Date: March 7, 2002

Please see the attached submission of Issue Fee payment and related documents for the above-captioned application.

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| | | |
|---|------------------------|------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/092,738 |
| | Filing Date | March 7, 2002 |
| | First Named Inventor | Joseph N. Veillon Jr. |
| | Art Unit | 3763 |
| | Examiner Name | Rodriguez, Cris Loiren |
| Total Number of Pages in This Submission | Attorney Docket Number | SEP-5794 (1417YP671) |

| ENCLOSURES (Check all that apply) | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet |
| Remarks _____ | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Jeffrey C. Nichols, Reg. No. 36,879 | |
| Signature | | |
| Date | 15 September 2004 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| Typed or printed name | Kimberly R. Bardwell | |
| Signature | | Date 09/15/04 |

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